

**2004 LIMITED PARTNERSHIP ANNUAL REPORT (AR)
DUE BY MAY 1, 2004**

FILED

**Apr 23, 2004 08:00 AM
Secretary of State**

DOCUMENT # A26310

1. Entity Name

FOUNDATION REALTY FUND, LTD. II



Principal Place of Business

1100 ABERNATHY RD. NE
NORTH PARK 500, SUITE 700
ATLANTA GA 30328
US

Mailing Address

1100 ABERNATHY RD. NE
NORTH PARK 500, SUITE 700
ATLANTA GA 30328
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc

Suite, Apt. #, etc

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-2884635

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

RJ PROPERTIES, INC.
800 CARILLON PARKWAY
ST. PETERSBURG FL 33716

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature typed or printed name of registered agent and title if applicable

DATE

9. Capital Contributions
as Shown on record

\$2,082,000.00

10. Amount of Capital Contributions
in FLORIDA to date.

11. MAKE CHECK PAYABLE TO FL. DEPT. OF STATE
SEE REVERSE SIDE FOR FEE INFORMATION

**A GENERAL PARTNER THAT IS A BUSINESS ENTITY MUST BE REGISTERED AND ACTIVE WITH THIS OFFICE.
NOTE: General Partners MAY NOT be changed on the form; an amendment must be filed to change a general partner.**

12. GENERAL PARTNER INFORMATION

DOCUMENT #	667885
NAME	RJ PROPERTIES, INC.
STREET ADDRESS	880 CARILLON PARKWAY
CITY - ST - ZIP	ST. PETERSBURG FL
DOCUMENT #	
NAME	LOVE, J. ROBERT
STREET ADDRESS	1100 ABERNATHY RD. NE
CITY - ST - ZIP	ATLANTA GA 30328
DOCUMENT #	J96712
NAME	RAYMOND JAMES PARTNERS
STREET ADDRESS	880 CARILLON PARKWAY
CITY - ST - ZIP	ST. PETERSBURG FL
DOCUMENT #	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
DOCUMENT #	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
DOCUMENT #	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

13. ADDRESS CHANGES ONLY

STREET ADDRESS	
CITY - ST - ZIP	
STREET ADDRESS	
CITY - ST - ZIP	
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STREET ADDRESS	
CITY - ST - ZIP	

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14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my signature shall have the same legal effect as if made under oath, that I am a General Partner of the limited partnership or the receiver or trustee empowered to execute this report as required by Chapter 620, Florida Statutes.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

Date

Daytime Phone #

STAPLE CHECK HERE